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ABSTRACT

This paper presents clinical observations, experiences, and interventions from group psychotherapy when the main theme was molestation/sexual abuse. The findings presented are a synthesis of experiences in three areas: (1) the difficulty patients encounter when trying to disconnect with the negative effects of sexual abuse; (2) assessment and overlooked identification of co-existent issues that have hampered final resolution; and (3) techniques used to support closure of the sexual abuse and related issues. More commonly reported effects of sexual abuse are noted, including poor self-image, perpetrator behavior/acts of violence, promiscuity, poor sexual relationships, and difficulty with intimacy. Other overlooked issues in the sexually abused patient population also are identified and recurrent themes present in persons with sexual abuse histories are discussed in the areas of obesity, the use of substances, cultural sexual practices, gender identification issues, learning problems, and the fear of success. Intervention techniques are suggested that may help address the problems posed by these often overlooked issues. The interventions suggested are designed to help survivors resolve and bring closure to their negative life experiences. (NB)

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OVERLOOKED ISSUES RELEVANT IN SEXUAL ABUSE

ABSTRACT

BY MARTHA BARHAM R.N., Ph.D. &
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This paper addresses the presenters' experiences with overlooked issues relevant to survivors of sex abuse. The topics discussed are obesity, use of substances, gender identity, learning problems, fear of success and cultural differences. The areas of focus address: the survivor's difficulty with closure, final acceptance and detachment from the effect on the sexual abuse experience; identification of co-existent issues; and successful intervention techniques that can initiate final closure.

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OVERLOOKED ISSUES RELEVANT IN SEXUAL ABUSE

BY MARTHA BARHAM R.N., Ph.D. &
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This paper presents clinical observations, experiences and interventions in group psychotherapy when the main theme was molestation/sex abuse. The participants ranged in age from adolescence through seventy years. The co-ed groups were held in California and Hawaii by the two presenting therapists and this discussion will address overlooked issues relevant to final closure of sexual abuse.

The findings in this paper are a synthesis of our experiences in three areas. The first area is the difficulty patients encounter when trying to disconnect with the negative effects of sexual abuse; the second addressed assessment and overlooked identification of co-existent issues that have hampered final resolution; and the third area highlights techniques used to support closure of the sexual abuse and related issues.

Sexual abuse is any experience or attitude imposed upon an individual that stands in the way of the development of healthy sexual responses or behaviors. Sexual abuse includes both overt physical contact ranging from genital fondling to intercourse, as well as subtle covert attitudes or teachings that impair a person's ability to develop independently and have a positive experience of their own sexuality.

The more commonly reported effects of sexual abuse are: poor self-image, perpetrator behavior/acts of violence, promiscuity, poor sexual relationships and difficulty with intimacy. These complaints and problems have been recognized in our patients, however, we have identified additional recurrent themes present in persons with sex abuse histories. These overlooked issues in our patient population are: obesity, the use of substances, cultural sexual practices, gender identification issues, learning problems and the fear of success.

We have found that food is used as an escape mechanism and as a means to satisfy the need for self-pleasuring in sexually abused individuals. Obesity findings show that patients often attempt to overcome feelings of powerlessness experienced as a sexual victim by hiding behind the powerful physical statement obesity makes.

The use of substances can temporarily put out of mind the shameful experience of sexual abuse and support conscious or unconscious denial. As with obesity, substance use becomes in itself a vehicle for denial and allows the individual some control and power. The use of substances offers not only escape, but some measure of self-pleasuring and gratification.

Working with incest survivors, the therapist must be sensitive to the cultural background or mores of the survivor. The therapist's understanding of accepted cultural sexual practices can help neutralize the impact of the abuse. The patient's guilt may not only relate to betraying a family member, friend or adult, but in addition, they have exposed their cultural practices to outsiders. Frequently tremendous guilt is identified for having rejected the family cultural heritage. Cultural differences need to be addressed from the vantage point of uniqueness.

Experiences involving exposure to negative sex roles or childhood physical sexual abuse may damage the child's positive same sex identification or they may equate the emotion of love with the natural adult need for sensual gratification. Because the child has not yet solidified their own sexuality, they are derailed in natural goal attainment because of exposure to this distorted image or experience.

When sex abuse occurs, a child will often display problems in school. Feelings of shame about sexual experiences and the energy used to hide these feelings mute the aggressive quality of the intellect necessary to attend to and absorb material. These problems of self-concept and attention often persist into

adulthood and the patient may not be aware of their learned negativity around their ability to achieve.

In sexually abused persons, the victimization brings on a familiarity with failure and hampers the development of a sense of personal authority. The individual displays a feeling of not deserving success - even when they put out great effort toward that end. Success is positive attention and a learned lack of self-pride and hiding behavior allows the individual more familiarity with failure.

The following intervention techniques can help with the above described co-existent issues that are relevant to survivors of sexual abuse. An in-depth sex history can enhance understanding of the patient's sexual background. With this information in mind, a sex education program can be instituted beginning with anatomy/physiology which includes positive sex values and attitudes. Another tool is the use of a personal journal which is helpful to patients in identifying and working through issues. Visualization and hypnotherapy can be very helpful in reconstruction after issues have been addressed. Outside referral sources and support in addition to recommended books are imperative. For obesity, the use of weight clinics, with chemical dependency, the use of AA and NA self-help groups and

for the school age person, some support at the school with diagnostic testing for learning disabilities or supportive tutorial help. All of these allow the survivor the opportunity to resolve and bring closure to their negative life experience.